

Work Order ID 93175

93175

Page 1

November-15-12 8:59:46 AM

Item ID: 646.3714

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gusset

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-11-16 Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
646.3700	A

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

6061 .063

Dwg Rev: A
Prog Rev: A

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

10 0 Jm 12-11-24

10 0 Jm 12-11-24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 93175

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November-15-12 8:59:46 AM

Item ID: 646.3714 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Gusset
 Start Date: 11/15/12 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00 12 11.26				10			
140 *140* Brake NC Brake NC	Bend as per dwg Memo	0.00 0.00				10			SA 12/11/27
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 12 11.27				10			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

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Item ID: 646.3714 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Gusset
 Start Date: 11/15/12 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
160									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: <u>18583</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								<u>12-5-12</u>
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
170									
Packaging	Memo	0.00							<u>12/11/16</u> (14)
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
180									
QC	Memo	0.00							<u>10</u>
Quality Control									<u>DAS 16 9-89 1361606</u>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 93175

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November-15-12 8:59:47 AM

Item ID: 646.3714 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Gusset
 Start Date: 11/15/12 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190						10	0	0	AP
SprayPaint	Memo	0.00							13-3-22
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH: 124204								
200	QC14- Inspect Spray Paint	0.00							
200						10			
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location: 5537	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								

DAS
05
13-4-13

10/3/12 (10)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 93175

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November-15-12 8:59:47 AM

Item ID: 646.3714 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Gusset
 Start Date: 11/15/12 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

13/14/10

13-04-9

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

November-15-12 8:59:46 AM

Page 1

Work Order ID: 93175

Parent Item: 646.3714

Parent Item Name: Gusset

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M6061T6S.063

Purchased

No

110

sf

394.2238

0.265

2.7894737

2.8

6061-T6 .063 Sheet

JN 12-11-24

Location

Loc Qty

Loc Code

MAT021

394.2238320

113608

0

116308

5.01556842

117285

67.544

119331

44.2

119802

3.94

120218

15.86

120866

64.8126316

121805

113.551632

123135

79.3

123135

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

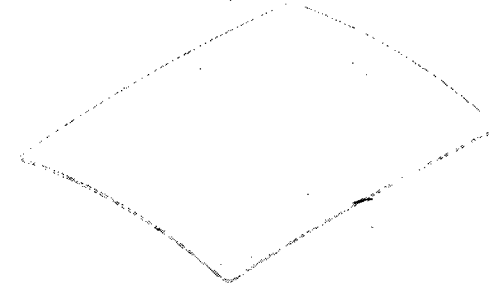
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

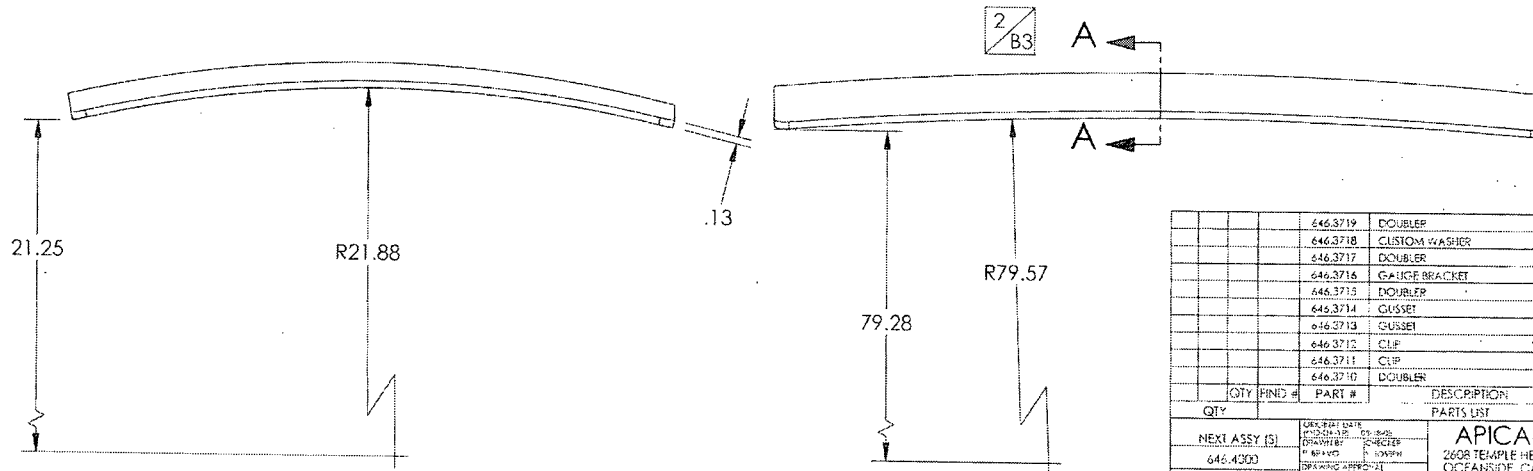
NOTES:

- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120

SH
REF
ENGINE
UNCONTROL
SUBJECT TO
WITHOUT
WORK
NO. 93175 MLC
12-11-16

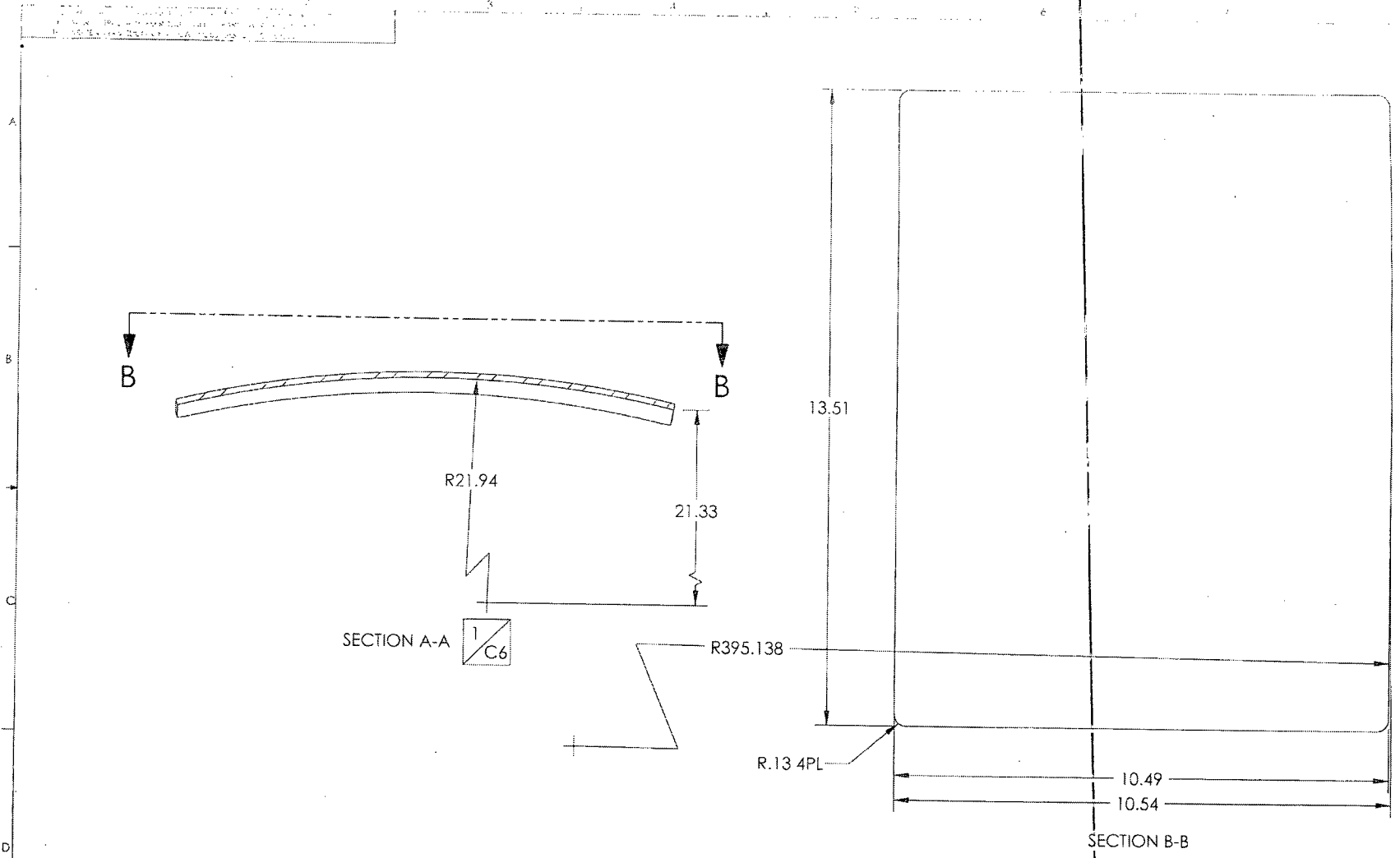


646.3710



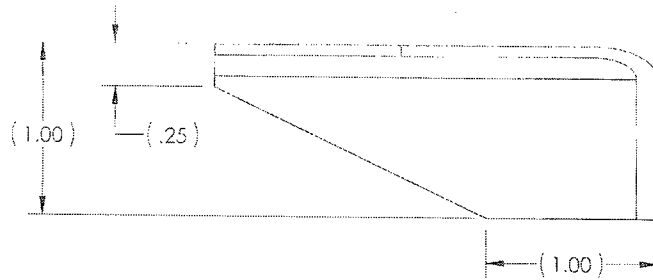
QTY	FIN	PART #	DESCRIPTION	MATL	SPEC
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
PARTS LIST			SHEETMETAL		
NEXT ASSY (S)			APICAL INDUSTRIES		
646.4300			2608 TEMPLE HEIGHTS DR.		
			OCEANSIDE, CA. 92054-3512 (760)724-5300		
			SHEETMETAL		
			SIZE	ENG. CODE	DWG. NO.
			6	07M26	646.3700
			SCALE	NONE	SHEET 1 OF 9

93175

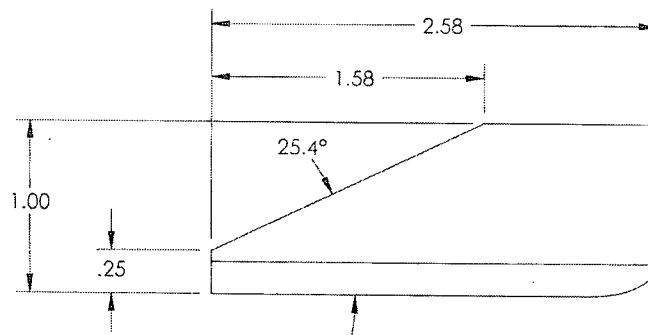
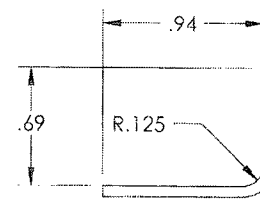
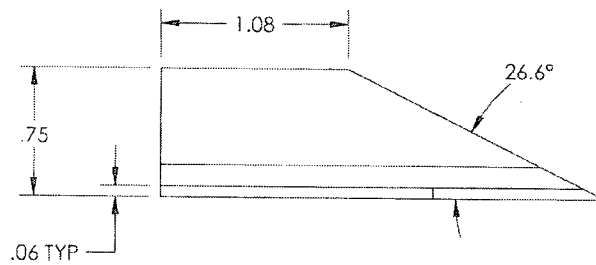


<small> COMPANY NAME PROJECT NO. DRAWN BY P. BY DATE SCALE SHEET NO. </small>		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
<small> DRESS OR SURFACE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS IN ANGLES ± 5° </small>		<small> SHEET CODE 07A226 </small>	<small> DIM. NO. 646.3700 </small>
<small> SCALE NONE </small>		<small> SHEET 2 OF 6 </small>	

93175

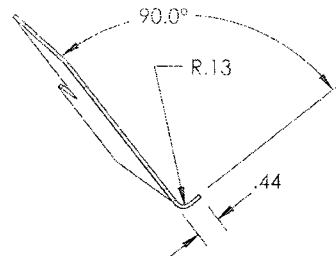


646.3711 SHOWN
646.3712 OPPOSITE

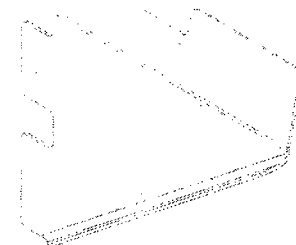


NEXT ASSY (S)	DESIGN/DATE	08-18-09	APICAL INDUSTRIES	
	BY/CHKD	CH/CHKD		
	DATE/APP'D	DATE/APP'D	2608 TEMPLE HEIGHTS DR.	
	DATE/APP'D	DATE/APP'D	OCEANSIDE, CA, 92056-3512 (760)724-5303	
UNLESS OTHERWISE SPECIFIED			SHEETMETAL	
DIMENSIONS ARE IN INCHES			DATE/APP'D	DATE/APP'D
TOLERANCES ARE:			DATE/APP'D	DATE/APP'D
FRACTIONS DECIMALS INCHES			DATE/APP'D	DATE/APP'D
ANGLES 1/2°			DATE/APP'D	DATE/APP'D
SCALE: 1/2"=1"			DATE/APP'D	DATE/APP'D
SHEET 3 OF 4			DATE/APP'D	DATE/APP'D

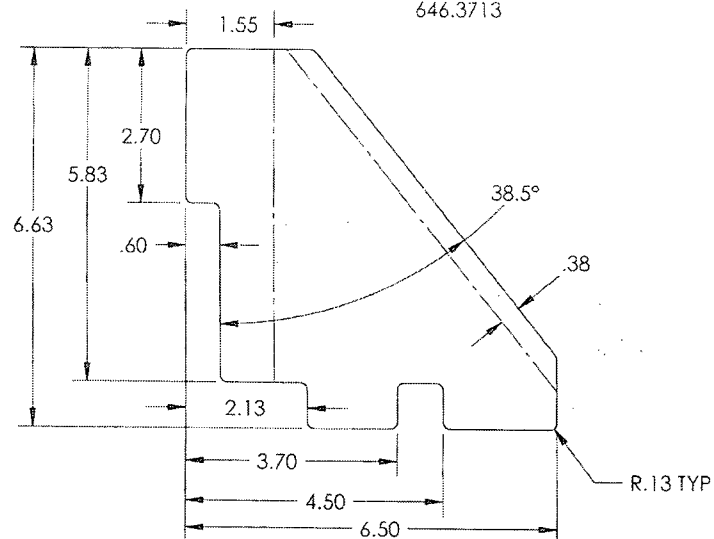
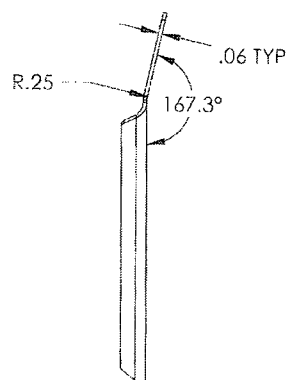
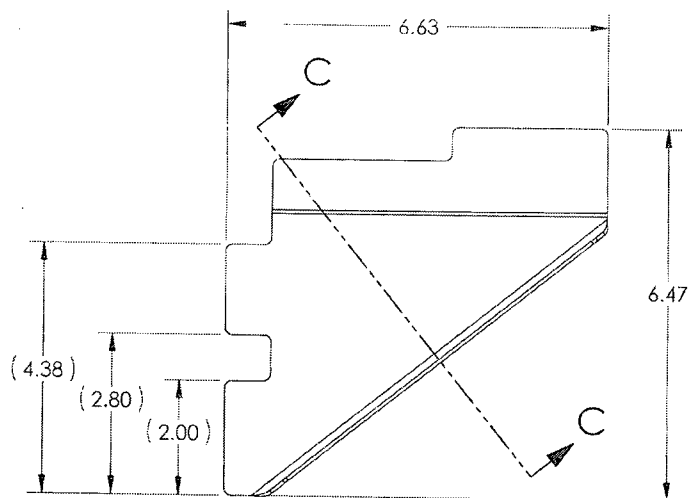
93175



SECTION C-C



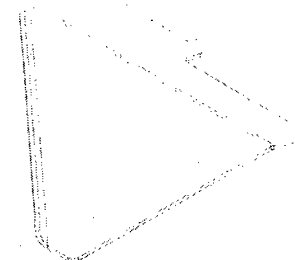
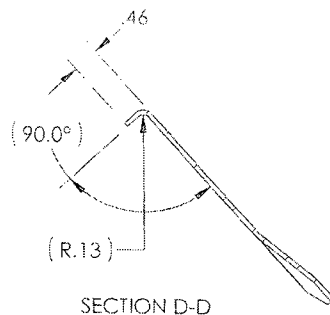
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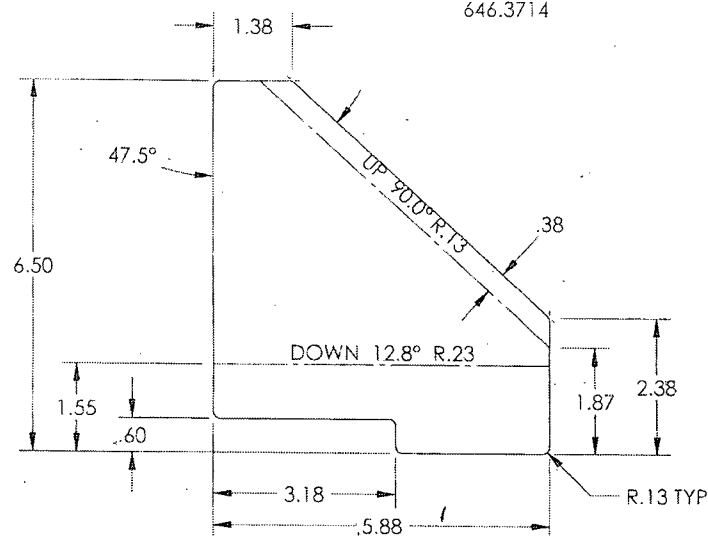
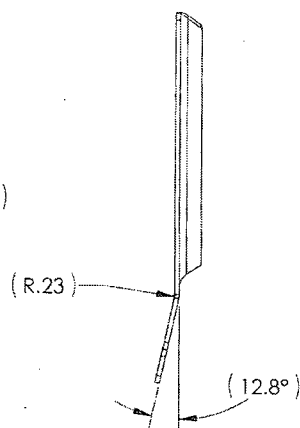
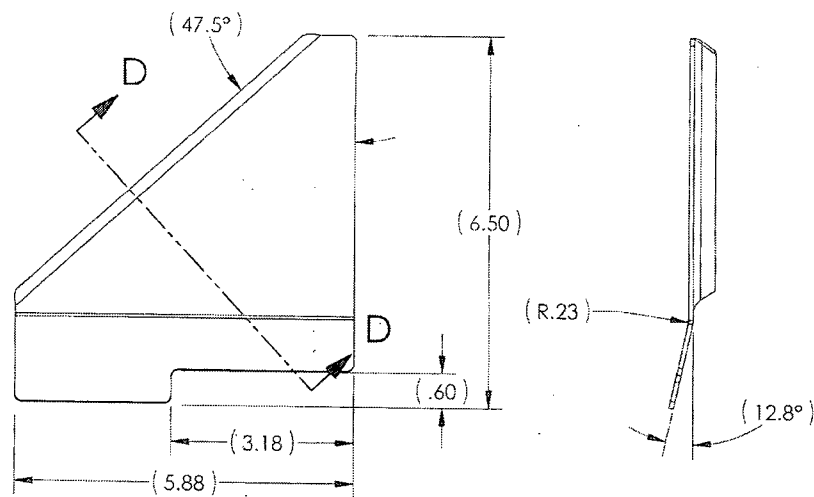
FLAT PATTERN

NEXT ASSY (S)	CONTRACT NO.	646.3713	APICAL INDUSTRIES	
	DATE	10-10-66		
	DESIGNED BY	W. J. BROWN	2608 TEMPLE HEIGHTS DR.	
	DRAWN BY	J. J. BROWN	OCEANSIDE, CA. 92056-3512 1760/724-5300	
	APPROVED BY		SHEETMETAL	
	CHECKED BY			
	CONTRACT NO.		646.3700	
	CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED			SEE TOLERANCE	PER 4
CONSTRUCTION AND FINISH			B 1/16" MIN	
2 PLACE DECIMALS & UP			SCALE: 1"=1"	SHEET 1 OF 1

93175



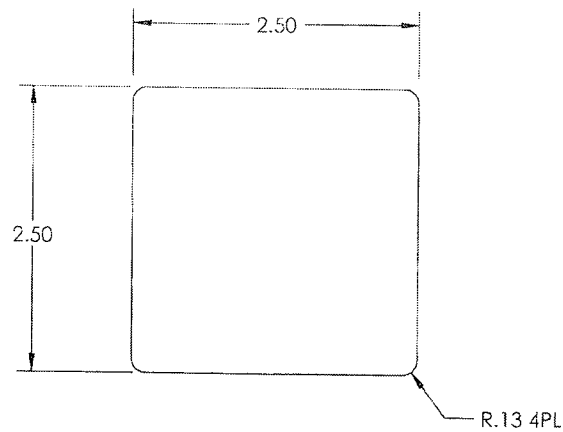
646.3714



FLAT PATTERN

COMPANY: APICAL INDUSTRIES DRAWN BY: J. J. JONES P. BRAND: J. J. JONES CHECKED BY: J. J. JONES DATE: 1/1/75		APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
SHEETMETAL 646.3700		SHEETMETAL 646.3700	
IF THESE DIMENSIONS SPECIFIED DIMENSIONS ARE APPROXIMATE DIMENSIONS ARE APPROXIMATE DIMENSIONS ARE APPROXIMATE DIMENSIONS ARE APPROXIMATE		SEE PAGE CODE: B SCALE: NONE	SHEET 2 OF 9

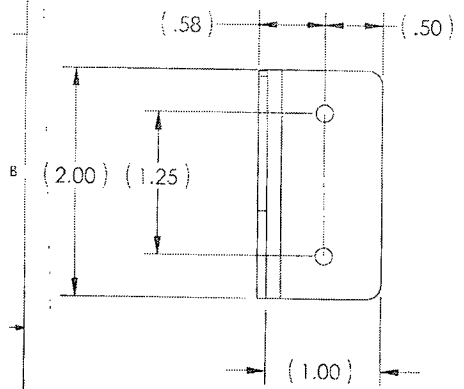
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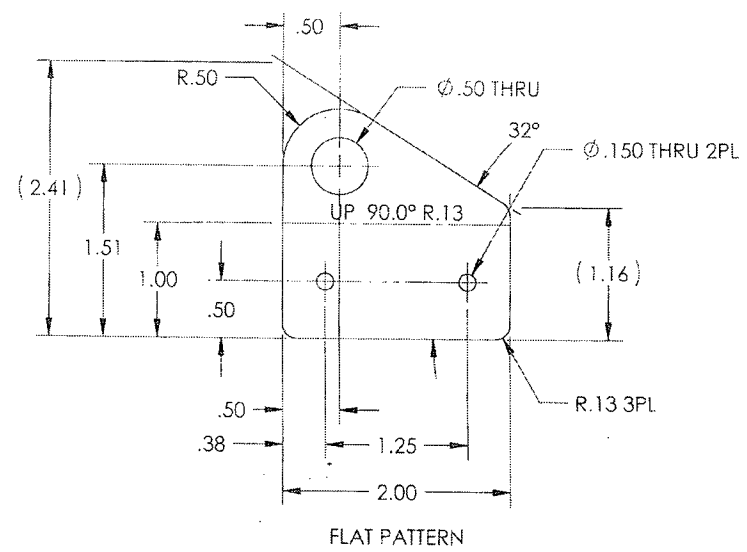
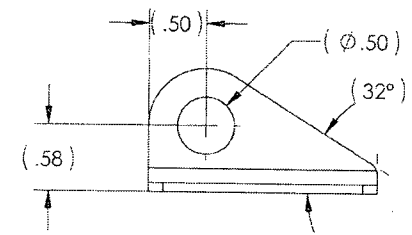
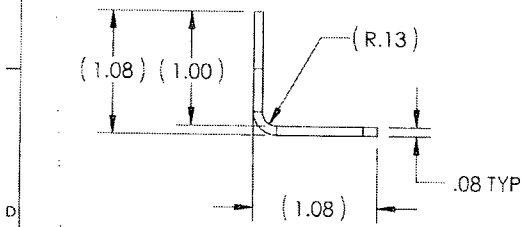
646.3715

NEXT ASSY (S)	DATE	00-10-08	APICAL INDUSTRIES	
	BY	CHUCKER		
	REVISION	1	2608 TEMPLE HEIGHTS DR.	
	DESCRIPTION	1	OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DATE	00-10-08	SHEETMETAL	
	BY	CHUCKER		
	REVISION	1	646.3700	
	DESCRIPTION	1	SCALE: NONE	
UNLESS OTHERWISE SPECIFIED			SIZE	REV
DIMENSIONS ARE IN INCHES			B	07M7A
TOLERANCES ARE:			SHEET 6 OF 9	
HOLE DIA. ± .01				
HOLE DIA. ± .01				

93175



646.3716



FLAT PATTERN

NEXT ASSY (S)	DATE	10-10-04	APICAL INDUSTRIES	
	BY	10-10-04		
BY	DATE	10-10-04	2638 TEMPLE HEIGHTS DR.	
	DATE	10-10-04		
BY	DATE	10-10-04	OCEANSIDE, CA. 92056-5512 (760)724-5300	
	DATE	10-10-04		
BY	DATE	10-10-04	SHEETMETAL	
	DATE	10-10-04		
BY	DATE	10-10-04	646.3700	
	DATE	10-10-04		
BY	DATE	10-10-04	SCALE: 1/2"=1"	
	DATE	10-10-04		
BY	DATE	10-10-04	SHEET 7 OF 9	
	DATE	10-10-04		

3.50

R.06 4 PL

1.50

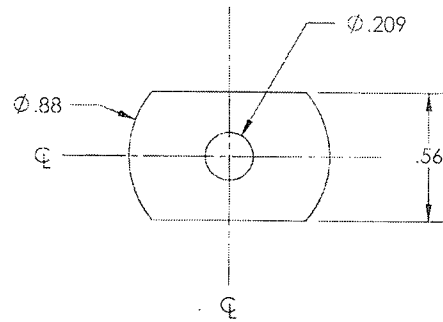
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646.3717

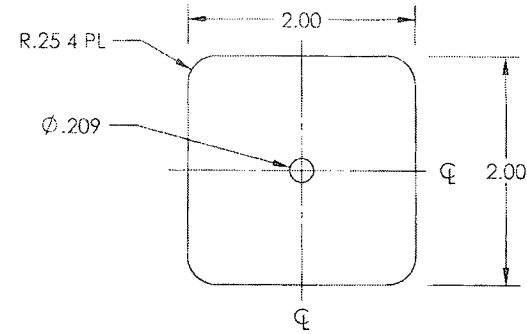
NEXT ASSY (S)		ORIGINAL DATE	08-18-09
		DESIGNED BY	J. SOYAK
		DRAWN BY	J. SOYAK
		IN CHARGE	
		DATE OF APPROVAL	
		BY	
		CONTRACT NO.	
		UNLESS OTHERWISE SPECIFIED	
		CONFORM TO ALL REQUIREMENTS	
		OF THE APICAL INDUSTRIES	
		21645 DEER HILL RD.	
		TRACY, CALIF. 95376	
		APICAL INDUSTRIES	
		APICAL INDUSTRIES	

APICAL INDUSTRIES		2608 TEMPLE HEIGHTS DR.		OCEANSIDE, CA. 92056-3512		(760)724-5300	
SHEETMETAL							
REV.	DATE	CODE	NO.	REV.	DATE	CODE	NO.
B	07/17/06			A			
SCALE: NONE				SHEET 8 OF 9			

93175



646.3718



646.3719

NEXT ASSY (S)	DESIGNED BY	CB-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300
	DRAWN BY	CHICOP	
	CHECKED BY	J. JONES	SHEETMETAL
	APPROVED BY		
	CONTRACT NO.		SHEET 1 OF 1
	QUANTITY OVERSHEETS SPECIFIED		SCALE: 1"=1"
	UNFINISHED ARE REFINISHED		
	FINISHES ARE TO BE		DWG. NO. 646.3700
	FINISHES ARE TO BE		
	FINISHES ARE TO BE		SHEET 1 OF 1
	FINISHES ARE TO BE		



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST	
	24 PCS 647.2510	
	PASSIVATE PER QQ-P-35	
	1 PC 647.1613	
	12 PCS 647.1712	
	3 PCS 647.1810	
	40 PCS 647.1812	
	2 PCS 647.1813	
	1 PC 647.1816	
	20 PCS 646.3312	
	10 PCS 646.3714	
	40 PCS 646.3718	
	20 PCS 646.3811	
	6 PCS 647.7910	
	12 PCS 647.7912	
	6 PCS 647.7916	
	40 PCS 647.9012	
	10 PCS 647.9013	
	19 PCS 647.9016	
	30 PCS 647.9016	
	30 PCS 647.9017	
	60 PCS 647.9017	
	HARD ANODIZE BLACK	
	MIL-A-8625 TYPE III CLASS 2	
	Job: 20130027	
	PO: PO18583	Line:



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

Ship To




DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via				
<table border="1"><thead><tr><th>Quantity</th><th>Description</th></tr></thead><tbody><tr><td></td><td><p align="center">Certificate of Conformance</p><p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p><p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p><p>DATE : <u>14/1/13</u></p><p>CERTIFIED SIGNATURE : <u></u></p><p>RECEIVER SIGNATURE : _____</p></td></tr></tbody></table>		Quantity	Description		<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>14/1/13</u></p> <p>CERTIFIED SIGNATURE : <u></u></p> <p>RECEIVER SIGNATURE : _____</p>
Quantity	Description				
	<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>14/1/13</u></p> <p>CERTIFIED SIGNATURE : <u></u></p> <p>RECEIVER SIGNATURE : _____</p>				